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MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-041986

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

393

Primary Registration District No.

1002

Registrar's No.

5666

STATE FILE NUMBER

FILED NOV 26 1962

1. PLACE OF DEATH

a. COUNTY

Clay

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR TOWN Kansas City

Length of stay in 1b

2 mos.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION2308 East 58 th St.
Terrace NorthInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Clay

c. CITY OR TOWN Kansas City

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

2308 East 58 th St. Terr. N.

Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Rea

Middle

Last

Briscoe

4. DATE OF DEATH

Month

11-2-1962

Day

Year

5. SEX

male

6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6-6-1905

9. AGE (last birthday)

57

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Chemist Ast.

10b. KIND OF BUSINESS OR INDUSTRY

Serum Lab.

11. BIRTHPLACE (City and state or country)

K.C. Missouri

12. CITIZEN OF WHAT COUNTRY

United States

13a. FATHER'S NAME

Edgar Briscoe

13b. MOTHER'S MAIDEN NAME

Bessie Unknown

14. NAME OF HUSBAND OR WIFE

Lucille Briscoe

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

no

17. INFORMANT

9

Mrs. Lucille Briscoe Home

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Terminal Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

2 wks.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Carcinoma esophagus & mediastinal & hepatic metastasis

7 to 8 weeks.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Apr 3, 1962 to Nov 2, 1962 and last saw him alive on Nov 2, 1962
Death occurred at 6:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Paul R. Carpenter, MD

(Degree or title)

22b. ADDRESS

1201 Huron Bldg 1066

22c. DATE SIGNED

11/9/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

Nov. 5.62

23c. NAME OF CEMETERY OR CREMATORY

Memorial Park

23d. LOCATION (City, town, or county)

Kansas City, Kansas

(State)

24. FUNERAL DIRECTOR

R. A. Fulton

ADDRESS

Kansas City, Kansas

25. DATE RECD. BY LOCAL REG.

11-9-62

26. REGISTRAR'S SIGNATURE

Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

Paul R. Carpenter MEDICAL CERTIFICATION

FEB 14 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed Ralph Fulton

Licensed Embalmer No. 3503

P. O. Address Kansas City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.